

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY
COURT CODEORDER RESCINDING LICENSE SUSPENSION
(CHILD SUPPORT/PARENTING TIME)

CASE NO.

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.	<input type="checkbox"/> Licensee

Attorney:

v

Defendant's name, address, and telephone no.	<input type="checkbox"/> Licensee

Attorney:

Licensee date of birth	Licensee social security no.
Licensee driver license no.	
Licensee occupational license no.	
Known professional licenses	

1. Date of entry: _____ Judge: _____ Bar no.

2. On _____ an order was entered suspending the license(s) of the above named licensee.
Date

3. A petition was filed requesting rescission of the order suspending license based on

- ☐ a stipulation between parties.
☐ an agreement with the payer.
☐ full payment of the arrearage.
☐ file inactivated or closed by Friend of the Court.
☐ licensee has demonstrated a good faith effort to comply with a make-up parenting time order.
☐ other _____ .

IT IS ORDERED:

4. The order suspending license is rescinded.
 5. This order is effective upon entry and payment of any customary reinstatement fee by the licensee to the licensing agency.
 6. The licensing agency shall reinstate the suspended license(s) within 7 business days after receiving this order and payment of the appropriate reinstatement fee. To reinstate your driver's license, you must personally appear at a Secretary of State branch office and pay the reinstatement fee.

Judge**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this order on the parties by ordinary mail addressed to their last known addresses.

Date_____
Signature

I certify that on this date I served a copy of this order on the licensing agency(ies) by ordinary mail or facsimile transmission.

Date_____
Signature

MCL 552.630(2); MSA 25.164(30)(2); MCL 552.645(2); MSA 25.164(45)(2)